

Gems Internship Application Form

Application Deadline 8 June 2007

Last Name:	First Name:	M.I.:
Home Address/Quarters:		
Home Phone:	Email:	
Parent Cell Phone:	Daytime Work Phone:	

The student must complete and attach an essay describing why he or she wants to attend this program (minimum 3 paragraphs)
Students must complete all requirements which include attendance of all 4 days.

Choice of Week: 16-19 July 07____ 23 -26 July 07____ 30 June- 2 Aug 07____ 6 Aug - 9 Aug 07____

Parent/Guardian _____ Relationship _____ We must have an emergency phone number where we can make contact with someone legally responsible for this student. Phone Number _____ Ask for whom? _____ Relationship to student _____ Additional Emergency Contact _____ Relationship _____ Phone Number _____
<ul style="list-style-type: none">• Does this student have any medical conditions that may be a problem while attending this program? No____ Yes____ (attach an explanation)• Does this student take any medications? No Yes (attach an explanation)
Students Name: _____ has my permission to attend the 4 day GEMS Internship at ZAHS. I understand that CHPPM-PAC and DODD Schools and its employees, agents, and volunteers cannot be held responsible for events or conditions beyond their control. I am aware that all schools board of education student conduct policies are in effect for this program. I grant permission to use photos and video clips of my child's participation in promotion of this program. Yes____ No____ Signature of _____ Date _____ Parent/Guardian _____ School Information: Grade in Sept. 2007 (Student must have completed 5 th , 6 th , 7 th or 8 th grade) _____ School Attended: _____ Transportation is provided from designated areas at the following bases: I will require transportation to and from Camp Zama at: SHA_____ NAF Atsugi_____ Sagami Depot_____

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Teacher Recommendation:

Highly Recommend_____Recommend_____Do not recommend_____

Name:_____

Comments:_____
